



SANTA CLARA FIRE DEPARTMENT
DIVISION OF FIRE PREVENTION
1675 LINCOLN STREET
SANTA CLARA, CALIFORNIA 95050
(408) 615-4970 Schedule Inspection Appointments
(408) 615-4987 Code Requirement Information

Miscellaneous Permit Application

Include in the permit submittal package two (2) sets of scaled plans, this application, appropriate fees, and material specification sheets for all equipment, ducting, piping and fittings.*

PLEASE PRINT OR TYPE. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT PROCESSING.

Job Address:			(For Office Use Only)
			Fire Permit #: FIR -
Bldg. #:	Suite #:	UBC Occupancy Class(es) In Area(s) of work:	Permit Type: MISC
Area Name:			Station #:
Room Name:			Date:
Business / Tenant:			Permit Fee:
<u>*ALSO REQUIRED AT THE TIME OF APPLICATION:</u> IF THE PROJECT WILL INCREASE THE QUANTITY OF EXISTING CHEMICALS OR ADDING NEW CHEMICALS: (All documents can be found at http://www.unidocs.org/all_documents.html). 1) Submit the proposed chemical inventory for the project's area(s) on a "building Occupancy Classification Inventory Form," with the TOTALS OF EACH HAZARD CLASS CALCULATED FOR EACH CONTROL AREA (<u>Highlight in yellow all new or increased chemicals</u>); MSDS sheets; AND 2) For Group H, Division 6 Occupancies also provide the chemical inventory in the Uniform Fire Code Table 5102-A format; AND 3) Prior to permit sign off, a Hazardous Materials inventory statement containing <u>only</u> project chemicals <u>new</u> to the building and above reporting thresholds must be submitted.			Check #:

Scope of Work: (Describe the work that is being proposed; be specific)

Project Manager:		Santa Clara Business License #:
Company Name:		Expiration Date:
Address:		Phone: ()
City:		Fax: ()
State:	Zip:	Job Reference #:

Company / Person paying for permit:		Phone: ()	Fax: ()
Address:		Contact Person:	
City:		State:	Zip:

Architect / Engineer:		State License #:	
Address:		Contact Person:	
City:		Phone: ()	Fax: ()
State:	Zip:	Job Reference #:	

Please compute the plan check fees using the information below.

Calculate Fee: \$250.00 per equipment, tool or system:	()	x	\$250.00	=	\$
TOTAL FEE:					\$

Please make checks payable to: Santa Clara Fire Department.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.	
Signature of Applicant or Agent:	Date:

NOTE: Permit application will expire within 180 days of last inspection, unless you submit a written request for approval of an extension.